

# UNITED STATES DISTRICT COURT

District of

FILED  
CLERK'S OFFICE

*Rocco Edward Ellis*

Plaintiff

v.

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

Defendant

CASE NUMBER:

05 - 10010

I, *Rocco Edward Ellis*

declare that I am the (check appropriate box)

☒ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration

Are you employed at the institution? *No* Do you receive any payment from the *No*

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

*N/A*

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

*Chef \$300 wk 1986 Tony Romas Framingham MA*

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

Irregular gifts from family and friends \$300-400 per  
 week while housed in federal facilities \$5.60 month

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☒ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

I declare under penalty of perjury that the above information is true and correct.

4/26/05  
 Date

*James Edward Turner*  
 Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

NORFOLK COUNTY SHERIFF

Resident Transaction Receipt (Reprint)  
Friday, April 08, 2005 @14:15

Officer ID: JJS  
Transaction #: 100016866  
CIN: 29171 Inmate Name: ELLIS, EDWARD BEDRE

Description: FAMILY

Block: PMX Tier:

Cell:  
20

Trans Type:	Transaction Date:	Amount:	Current Funds:
DEPCA	Apr 08, 2005	\$ 50.00	\$ 50.00

Resident Sig \_\_\_\_\_ Date \_\_\_\_\_

Authorized Sig \_\_\_\_\_ Date \_\_\_\_\_

ST LOUIS MO 63119-7490

NAME: ELITE EDWARD SEORE  
 ORDER: 88114  
 BLOCK: 810 TIE CELL: 30  
 VENDOR: SADDAM HOD. TRFOLK COUNTY 267041 001

ORDER DATE: 4/21/05  
 ORDER NBR: 17145  
 CPE NBR: 04227  
 BEE FUND BAL: 11  
 PAGE

QUANTITY	DATE	KEEPER	ITEM	ITEM DESCRIPTION	PRICE	
1	0810	882517	882517	TRIM BLADE RZR 1/EA	1.55	
1	0815	882591	882591	HAIRBRUSH W/D HANDLE	.45	
1	0820	882535	882535	8.5 X 11 LETTER PAD WHT	2.25	
1	0825	882539	882539	MESH LAUNDRY BAG	2.50	
1	0830	870228	870228	NESCAFE 40Z CLRPK W/ZIP	1.50	
1	0831	8026	8026	8 OZ DREAMER CLEARPACK	.75	
1	0830	84704	84704	SL OREAM FILLED CUPCAKE	.60	
5	0835	8803	8803	MILKY WAY CANDY BAR	.60	
5	0835	88031	88031	THREE MUSKETEER BAR	.60	
5	0835	81775	81775	HERSHEY'S CHOCOLATE BAR	.65	
1	0834	8013	8013	TEXAS BEEF RAMEN NOODLE	1.25	
1	0830	87511	87511	70Z RICE ZIPPER	.75	
5	0835	8853	8853	SPANISH RICE W/CHEESE	1.75	
1	0830	85111	85111	POTATO CHIPS 5.50Z BAG	2.10	
1	0831	81785	81785	50 SLOPPY JOE	1.90	
1	0831	8264	8264	BEEF SALAMI 5 OZ.	1.75	
1	0837	8702	8702	WHOLE ENCHILADA PARTY MIX	2.90	
1	0831	8060	8060	CREAMY PEANUT BUTTER 15 O	1.50	
1	0835	8167	8167	JALAPENO CHEESE SPREAD	.55	
1	0837	81590	81590	SLICED JALAPENO PEPPERS	1.00	
5	0830	8875	8875	TORTILLAS 4 PACK		

EXTRA CHARGE  
 1 1750

928 BOOK OF TEN STAMPS

3.70  
 SUB-TOTAL 45.87

SALES TAX .20

ORDER TOTAL 46.07

FUND BALANCE 3.00

LIST ENCLOSURES AND/OR DAMAGES HERE.  
 QUANTITY CATEGORY/DESCRIPTION

PAID BY Paula G DATE 4-26-05  
 AUTHORIZED BY \_\_\_\_\_ DATE \_\_\_\_\_